

CHANGE OF BENEFICIARY

PURCHASER'S NAME: _____

PACT ACCOUNT NUMBER: _____

ORIGINAL BENEFICIARY: _____

PROJECTED ENROLLMENT YEAR: _____

PLEASE PROVIDE REASON FOR REQUEST: _____

THE FOLLOWING INFORMATION IS REQUESTED FOR THE SUBSTITUTE BENEFICIARY:

SUBSTITUTE BENEFICIARY: _____

RELATIONSHIP TO ORIGINAL BENEFICIARY: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

BIRTHDATE: _____

CURRENT GRADE/AGE: _____

PROJECTED ENROLLMENT YEAR: _____

(The ten-year period to use benefits starts from the **Projected Enrollment Year of the Original Beneficiary**. There must be at least 15 semester hours remaining on the account for any benefits to be transferred. The remaining benefits cannot be used to pay invoices prior to the date of the substitution.)

TO AUTHORIZE THIS CHANGE OF BENEFICIARY, PLEASE SIGN THIS COMPLETED FORM IN THE PRESENCE OF A NOTARY.

I CERTIFY THAT THE PERSON WHO IS TO BE SUBSTITUTED MEETS THE CRITERIA AS SPECIFIED IN THE PACT RULES.

PURCHASER'S SIGNATURE

STATE OF ALABAMA

COUNTY OF _____

DATE

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED

BEFORE ME THIS ____ DAY OF _____, 20 ____

BY _____.

PLEASE REMIT \$55.00 SUBSTITUTION FEE & FORM TO THE FOLLOWING ADDRESS:

PACT PROGRAM, P O BOX 12865, BIRMINGHAM, AL 35202-2865

IF SUBSTITUTION IS MADE DUE TO SCHOLARSHIP, MILITARY ACADEMY ATTENDANCE, OR DEATH OF BENEFICIARY (COPY OF DEATH CERTIFICATE MUST BE ATTACHED), FEE IS WAIVED.